

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037673

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9499

STATE FILE NUMBER

FILED SEP 26 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in lb

3 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JEFFERSON

c. CITY OR TOWN FESTUS

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

MO. BAPTIST HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

701 WOODROW

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

JOHN

First

A. HUNT

Middle

Last

4. DATE OF DEATH

Month

Day

Year

SEPT. 21, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-6-83

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GLASS WORKER

10b. KIND OF BUSINESS OR INDUSTRY

GLASS MFG.

11. BIRTHPLACE (City and state or country)

BIEHLE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOSEPH HUNT

13b. MOTHER'S MAIDEN NAME

SOPHIA SCHREMPF

14. NAME OF HUSBAND OR WIFE

LOUISE KUTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MAE HUNT 701 WOODROW, FESTUS, MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute monocytic leukemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

congestive heart failure

DUE TO (c)

204.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 1, 1963 to Sept 21 '63 and last saw her him on Sept 21, 1963. Death occurred at 6 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

9-24-63

23c. NAME OF CEMETERY OR CREMATORY

CATHOLIC

23d. LOCATION (City, town, or county)

FESTUS, MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

VINYARD FUNERAL HOMES, INC., FESTUS, MO.

SEP 23 1963

Paul Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by LEROY T. LUCAS, Student Embalmer No. 697  
working under my personal supervision.

Student

Leroy T. Lucas  
Signature of Student Embalmer

Signed

Keith B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.